

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	2-2-01
FORMALITY REVIEW			
RESPONSE F RMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date
1	12/3/10
2	12/3/10
3	12/3/10
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7	12/3/10
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50	12/3/10

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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